



## Murfreesboro Youth Indoor Soccer Program Coaches Form



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(w)\_\_\_\_\_ (h)\_\_\_\_\_ Email \_\_\_\_\_

Do you have a child(ren) playing Indoor Soccer? Yes \_\_\_\_ No \_\_\_\_

If yes, Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please check all that apply:

I wish to be: \_\_\_\_head coach \_\_\_\_assistant coach \_\_\_\_doesn't matter

Is there someone you wish to coach with? Yes \_\_\_\_ No \_\_\_\_

Please list names (note: there are no guarantees as to which team you may be placed with).

\_\_\_\_\_

Have you ever coached Youth Indoor Soccer? Yes \_\_\_\_ No \_\_\_\_

If yes, how many years and with what organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name of your team: \_\_\_\_\_

Please list your place of residency for the last five (5) years. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_

Driver's License#: \_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime(s): Yes \_\_\_\_ No \_\_\_\_

If yes, describe each in full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(PLEASE READ AND SIGN THE INFORMATION ON THE BACK)**

**There are no guarantees that you will be chosen to be a coach in the Youth Indoor Soccer Program. The number of coaching positions available will depend on how many coaches are returning. If a coaching position is available, you will be contacted.**

As a condition of volunteering, I give permission for the City of Murfreesboro to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if selected, my coaching position is conditional upon the City of Murfreesboro receiving no inappropriate information on my background. I hereby, release and agree to hold harmless from liability the City of Murfreesboro, the officers, employees and volunteers thereof, or any other person or organization that may provide such information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name (please print or type) \_\_\_\_\_

The City of Murfreesboro does not exclude anyone from participation nor deny the benefits of or otherwise subject anyone to discrimination on the basis of race, national origin, color, age, sex, disability or veteran status. Any complaint alleging discrimination may be filed with the Mayor of the City of Murfreesboro.

\_\_\_\_\_**Checked by** \_\_\_\_\_ **on** \_\_\_\_\_